

**Registration form – individual**

Please complete this form and hand in at the registration areas on the night.

Name		
Age	Over 18	Under 18
		D.O.B
Address		If under 18, address of parent / legal guardian
Tel no.		Tel no.
Emergency contact		Emergency / mobile
		If under 12, name of accompanying parent / guardian
School / Club / Organisation / Other		
Sponsorship amount promised £		Charity supported
Medical conditions / needs (if under 18 see below)		
<p><b>MEDICAL INFORMATION AND CONSENT if under 18 years</b>          Please state:          a. any medical condition &amp; treatment required:          b. known allergies to drugs/food/substances/medication:</p> <ul style="list-style-type: none"> <li>➤ I give permission for my son/daughter to attend the Sleep-out which is held at Oaklands College, St Albans.</li> <li>➤ I undertake to inform the Sleep-out Committee or group leader if the young person named above or any member of their family, or other person with whom they have had close contact, is known to have or contracts any infectious disease.</li> <li>➤ If, during the course of the Sleep-Out, it becomes necessary for the young person named above to receive emergency medical treatment, including the use of anaesthetics, and I cannot be contacted, I authorise the group leader to sign the documentation required by the medical authorities.</li> </ul>		
Signature of parent / guardian _____		Date _____
Name (please print) _____		

It is most important that the Sleepout committee should know of any medical condition which may require treatment and / or which may affect participation in the event. Medical insurance does not include cover in the event of illness if participants are attending the Sleepout contrary to medical advice and are not in good health.